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ABSTRACT

This study examines how mothers fare in the post-abuse environment; that is, how able nonoffending mothers are by virtue of their own mental health and well-being to provide the support their children need. Subjects (N=92) were women who are participating with their daughters in an ongoing study of child sexual abuse; a matched comparison group was created of mother-daughter dyads in which no sexual abuse was present. One symptom domain "depression" was examined; one standardized and well-established instrument, the Beck Depression Inventory, was used to as a measure. Performance on the Beck was compared to mothers' self-reported descriptions of themselves and their functioning and to their day-to-day behavior as recorded in a daily log of activities. Analysis of time use is presented with results from the self-rating scales. As a result, traditional definitions of depression as these are applied to mothers of sexually abused children are broadened, and an understanding of what life tasks these mothers confront on a daily basis is provided. Findings are discussed with a view toward details useful in planning therapy and emotional support to the end that mothers may ultimately receive optimal assistance in providing emotional support to their daughters. (EMK)

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ED 425 390

A MEASURE OF THEIR DAYS

Depression, Coping and Daily Behavior among Nonoffending Mothers of Sexually Abused Girls

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INTRODUCTION

Nonoffending mothers of sexually abused girls have been a topic of discussion in the psychological literature for a very long time. Initially maligned as co-conspirators who colluded in the abuse or stood by silently and allowed it to go on, they have more recently been portrayed as co-victims along with their daughters in a patriarchical society that is seen as the ultimate repository of blame (Schonberg, 1992). Collusion persists as a theoretical concept in clinical practice although recent empirical studies find that mothers respond variously to their daughters' abuse, most mothers believe and act protectively toward their daughters, and most abused daughters view their relationships with their mothers favorably (Joyce, 1997; Lovett, 1995).

The negative outcomes of sexual abuse for children are well documented. These include internalizing problems like depression and low self-esteem as well as externalizing problems like acting out and poor interpersonal relations (Kendall-Tackett, Williams & Finkelhor, 1993). Long-term sequelae with significant relationships to early sexual abuse encompass anxiety and depression, sexual problems and revictimization, posttraumatic stress responses and dissociation, substance abuse and suicidality, interpersonal problems and somatization (Neumann, Houskamp, Pollock, & Briere, 1996). Questions of their initial involvement aside, empirical research is unequivocal in finding that mothers play a major role in determining how well their children survive the experience of abuse. In short, children fare far better in the post-abuse period and the harmful sequelae are less likely to occur when the nonabusing parent, usually the mother, is emotionally supportive toward the child (Conte & Schuerman, 1987; Wolfe, Gentile & Wolfe, 1989).

Given the evidence that supportive mothers are effective minimizers of deleterious effects, it becomes critical to understand how mothers are faring in the post-abuse environment, i.e., how able they are by virtue of their own mental health and well-being to provide the necessary support to their children. On this point the empirical literature is less clear. While some studies show that mothers of sexually abused children are no more "psychologically disturbed" than other mothers (Dadds, Smith, Webber & Robinson, 1991; Muram, Rosenthal & Beck, 1994), there is also evidence that they differ on measures of personality deviance (Peterson, Basta & Dykstra, 1993), experience the abuse as a crisis in a number of personal and interpersonal domains (Gerwert, Thurn & Fegert, 1993), display clinical symptomatology including depression, and are subjected to stresses that persist long after disclosure (Newberger, Gremy, Waternaux & Newberger, 1993). The picture is complicated by differences in terminology regarding

the focus of study, e.g., maternal distress, depression, psychological functioning, psychopathology, by the variety of instruments used to measure it, e.g., Brief Symptom Inventory, SCL-90-R, CES-Depression Scale, Beck Depression Inventory, and by the absence of a comparison group in some instances.

The intent of the present study is to discover how a group of mothers whose daughters have been sexually abused are faring in relation to their counterparts in a comparison group. We concentrate on one symptom domain, depression, and utilize one standardized and well-established instrument, the Beck Depression Inventory, to measure it. We compare performance on the Beck to mothers' self-reported descriptions of themselves and their functioning and, in the Adlerian tradition, to their day-to-day behavior as recorded in a log. In sum, we wish to broaden traditional definitions of depression as these are applied to mothers of sexually abused children and understand what life tasks these mothers confront on a daily basis to the end that they may ultimately receive optimal assistance in providing emotional support to their daughters.

Subjects

The sample consists of 92 women who are participating with their daughters in an ongoing study of child sexual abuse. Forty-three of the women (the abuse group) are mothers of girls who disclosed sexual abuse by a family member (mother's husband or live-in boyfriend, child's sibling, cousin, uncle, or other relative) six months to a year prior to entrance into the study. The families were referred by caseworkers from county protective service agencies; the abuse was substantiated in all instances. The remaining 49 women (the comparison group) are mothers of girls who have not experienced abuse and who were selected to be demographically similar in terms of age, SES, and family constellation. The comparison group was recruited via newspaper ads and notices in public health clinics and girls' clubs. The overall sample is approximately 50% ethnic minority (African-American in all but three cases) and is diverse in educational and economic background with the majority of families reporting working class or lower SES. Table 1 summarizes the demographic characteristics of the sample. There are more ethnic minority mothers in the comparison group than in the abuse group. Mothers in the abuse group are far more likely to have been the victims of childhood sexual abuse themselves than mothers in the comparison group. There are no significant differences on any of the other variables.

MEASURES AND PROCEDURES

The mothers were interviewed on six occasions over a period of three years. They were seen at the same time as their daughters but by a different interviewer in a separate room. Each session lasted approximately three hours. Interview materials included standardized measures, structured interviews, and self-report instruments designed specifically for the study. The interviewers were mature women with children of their own who quickly established good rapport with the mothers.

Data presented in this paper are from the second year of the study and are drawn from three sources:

(1) the Beck Depression Inventory, a well-established, standardized measure of adult depression (Beck et al., 1961);

(2) a maternal history questionnaire in which the mothers provided self-descriptions and personal assessments of the preceding year; and

(3) a log in which the mothers recorded weekday and weekend activities.

Table 1

DEMOGRAPHICS

	Abused Girls (43)		Comparison Group (49)	
	Mean	SD	Mean	SD
Mother Age	35.60	5.86	36.08	5.38
Mother Education (years)	13.00	2.29	13.38	1.95
Mother WAIS short form (Silverstein, 1982)	100. 42	17.66	96.80	11.48
Family Hollingshead score	38.70	13.70	38.04	11.63
Subject child's age	11.70	2.80	11.10	3.05
Number children at home	2.67	1.25	2.59	1.50

DEMOGRAPHICS (continued)

	%	%
Single mothers	42	35
Mother working	77	76
Ethnic minority*	37	57
Mother sexually abused as child**	53	5

* X^2 (1df) = 3.65, p = .056

**X^2 (1 df) = 20.27, p < .001

RESULTS

Beck Depression Inventory. Table 2 presents the mean scores for the total measure as well as the mean scores on individual items. While fully aware that the integrity and reliability of the measure rest on the sum of all the items, we felt it was instructive in terms of our purposes to look carefully at which items the mothers of abused girls endorsed. In absolute terms the mothers of the abused girls have a significantly higher mean score on the measure, t (90df) = 2.06, p < .05, as shown in Figure 1. The relationship in this and all subsequent analyses is unchanged when race and SES are partialled out. There was also no relationship between single or married status and depression. Within group analyses showed no relationship between depression and mother's experience of childhood sexual abuse. The individual items endorsed by the mothers of abused girls include the following: feeling sad, feeling like a failure, getting less satisfaction from things than they used to, feeling guilty, not sleeping as well as usual, and being less interested in sex than they used to be. Feelings of disappointment and indecisiveness were also stronger in the abuse group.

In categorical terms (Bumberry et al., 1978) the mean for the abuse group falls just over the dividing line between mild depression and none, as shown in Figure 2 and Table

3. An equal number of individual mothers in both groups have scores falling within the range of clinical depression.

Self-rating scales. Table 4 presents the ratings mothers gave to items in the maternal history questionnaire. In response to the question "What kind of a year has this been, the year between now and the first time you came to see us?," mothers in the abuse group gave the current year a significantly poorer rating than those in the comparison group. The difference was stronger in response to the same question regarding the previous year (the occasion of their first visit to the project). There was a trend for mothers in the abuse group to say they were feeling less well but both groups thought they were doing equally well. There was also no difference between the groups in terms of how satisfied they were with help they received from family and friends.

In response to questions about themselves, "what would you say you are like at the present time?," Figure 3 shows that mothers in the abuse group described themselves as significantly more serious and preoccupied (less carefree) than mothers in the comparison group and also said they preferred to be alone (were less sociable) to a greater degree. There was a trend toward these mothers describing themselves as more cautious (less of a risktaker) and toward considering themselves less pleasant to be with.

Daily log. Analyses of the daily logs reveals that the mothers are accurate in supposing that they are doing all right in handling the tasks they have to handle. Table 5 presents a summary of the mother's daily schedules. On weekdays mothers in the abuse group get up 40 minutes earlier than the mothers in the comparison group and go to bed 20 minutes late, a trend statistically. The hour difference is made up in work time; mothers in the abuse group spend an hour longer at work. The seven hours average that the working mothers are at home are used for getting dressed in the morning and ready for bed at night, preparing and eating dinner, checking on children's homework, watching TV, miscellaneous household tasks, and very occasionally some brief time for personal pursuits such as reading, studying, sewing and the like. There is no statistical difference in the number of hours abuse and comparison group mothers watch TV. Fifty-five percent of the abuse and 50% of the comparison group log some "self-time" and 30% of the abuse and 38% of the comparison group note they prepare breakfast for their families; these differences are not significant. Weekend analyses are for the abuse group only as we were interested primarily in whether there was any evidence of depression in their behavior. The mothers get up at 8am on Saturday and 7:40am on Sunday on average; they go to bed at 11:30pm Saturday and 11:05pm Sunday. The remaining hours, 31 total over the weekend, are devoted to a variety of pursuits. Time devoted to relaxation and personal activities is balanced by time given to family, church, household tasks. TV watching does not account for a large percentage of available time.

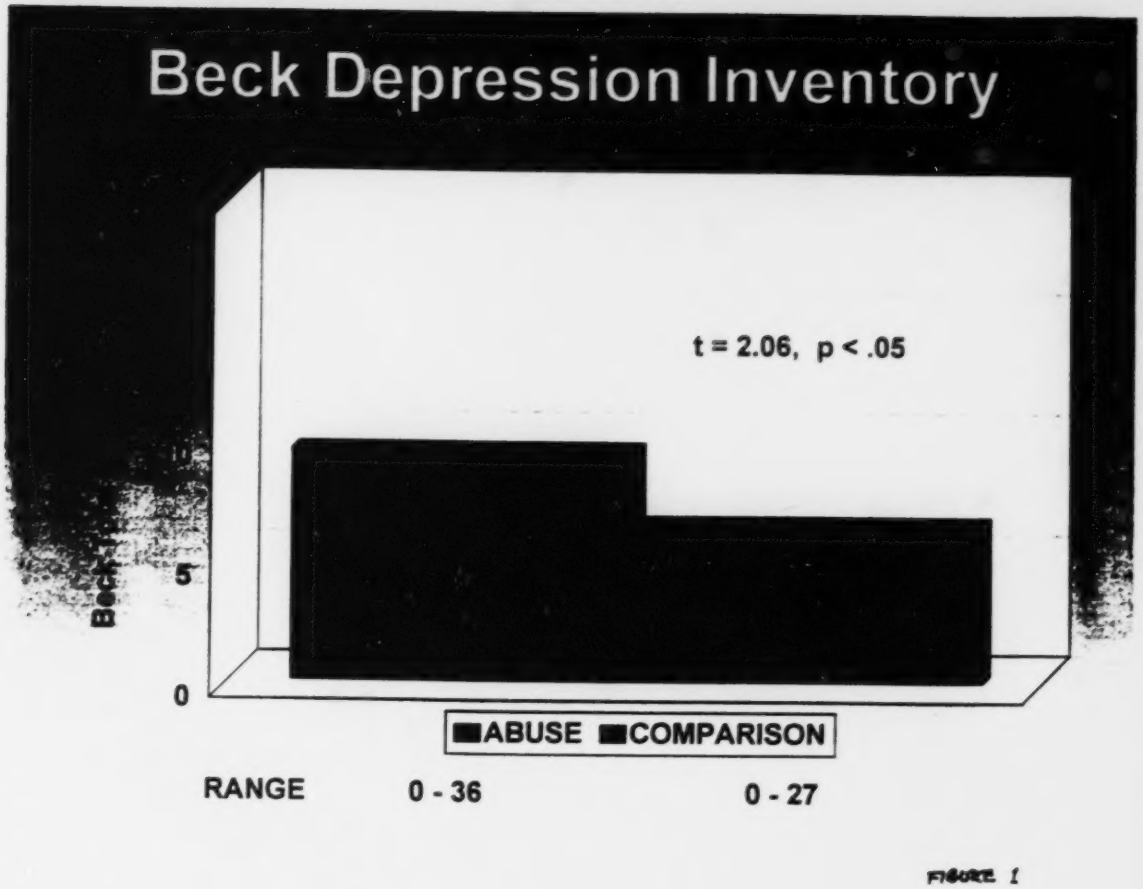

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FIGURE 1

Table 2

MEAN SCORES BECK DEPRESSION INVENTORY

Individual Items		Abuse	Comparison	p value
TOTAL SCORE	Mean	9.57	6.54	.043
	(SD)	(8.29)	(5.74)	
	Range	0 - 36	0 - 27	
Mood (sadness)		.42	.17	.025*
		(.59)	(.41)	
Pessimism (discouragement)		.33	.29	ns
		(.75)	(.68)	
Sense of failure		.59	.13	.002*
		(.86)	(.42)	
Lack of satisfaction		.62	.29	.005*
		(.62)	(.44)	

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Guilty feeling	.38 (.65)	.15 (.36)	.038*
Sense of punishment	.34 (.84)	.41 (.93)	ns
Self-hate (disappointment)	.45 (.73)	.20 (.50)	.063*
Self-accusation (blame)	.48 (.62)	.56 (.60)	ns
Self-punitive wishes	.16 (.37)	.10 (.37)	ns
Crying spells	.38 (.65)	.29 (.76)	ns
Irritability	1.05 (1.09)	.75 (1.00)	ns
Social Withdrawal	.31 (.51)	.16 (.36)	ns*
Indecisiveness	.36 (.65)	.14 (.41)	.062*

Body image	.52 (.82)	.39 (.60)	ns
Work inhibition	.26 (.48)	.29 (.50)	ns
Sleep disturbance	.65 (.95)	.30 (.54)	.038*
Fatigability	.79 (.64)	.67 (.75)	ns
Loss of appetite	.19 (.38)	.10 (.31)	ns*
Weight loss	.26 (.69)	.51 (.98)	ns*
Somatic preoccupation	.28 (.59)	.26 (.48)	ns
Loss of libido	.76 (.92)	.36 (.77)	.026

*Unequal variances

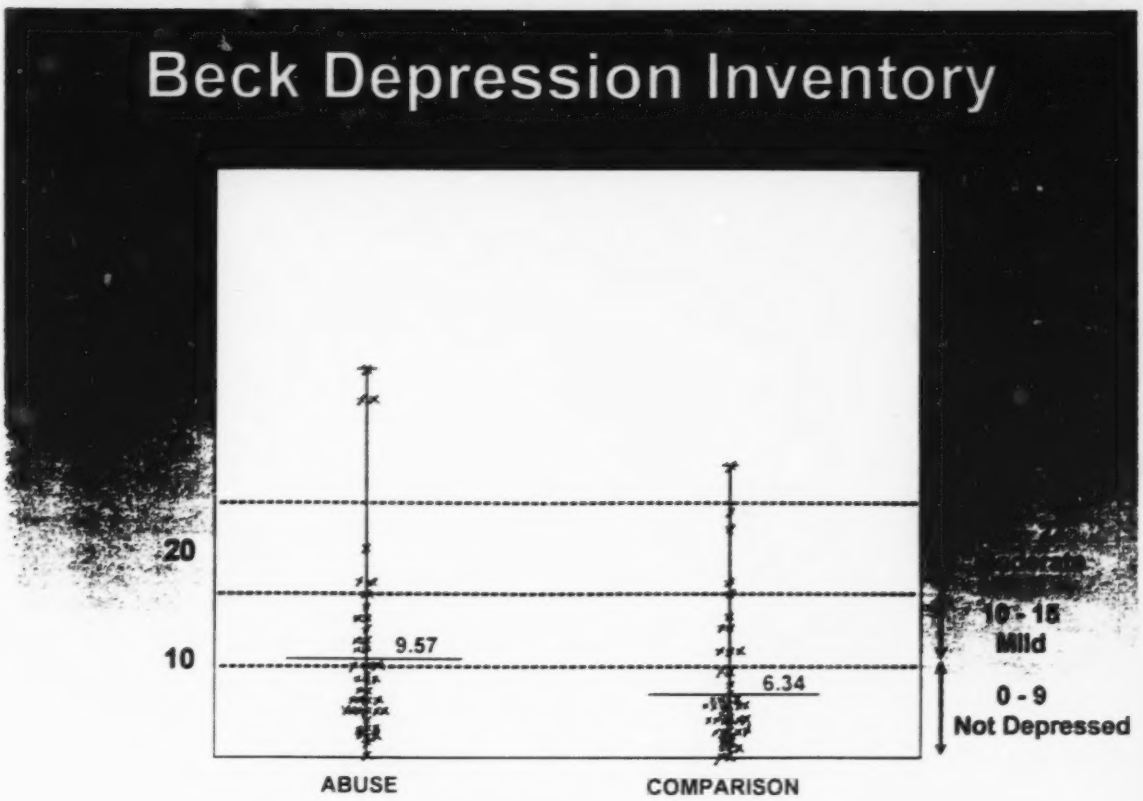

FIGURE 2

Table 3

BECK SCORES BY SEVERITY OF DEPRESSION CATEGORY

(Bumberry et al., 1978)

	Not Depressed	Mild	Moderate	Severe	Any(%)
Abuse Group	28	9	3	3	34.9
Comparison Gro	38	7	3	1	22.5

All categories: χ^2 (3df) = 2.38, ns

Any category: χ^2 (1df) = 1.75, ns

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DISCUSSION

Mothers of abused girls do appear more "depressed" than mothers in a comparison group when the Beck score is treated as a continuous variable. Categorically, however, as Beck intended the measure to be interpreted, they are not so. This is consistent with Wagner's (1991) finding that approximately the same number of mothers of abused and nonabused children report a least moderate degrees of depression.

Individual items endorsed by the mothers do not conform to the classic pattern for depression. Only a subset of items are responsible for the difference in overall score; these represent feelings that are not surprising in a group of women whose daughters have been sexually abused and who in many instances are struggling on their own to provide for their families financially and emotionally.

The results of the self-report measures are consistent with the Beck results. Although mothers in the abuse group evaluate the current and previous years as less positive and describe themselves in less positive terms than mothers in the comparison group, they are equally satisfied with the help they receive from family and friends and consider they are doing equally well at handling the tasks that confront them.

The daily log confirms that while the mothers may be less than euphoric they juggle a heavy load on a daily basis. Seventy-seven percent of the mothers work outside the home; they care for an average of two to three children; they work at jobs that pay moderate salaries; and 42% of them are carrying this load on their own, albeit with help from friends and family.

We consider a major contribution of this study to be the suggestion that "truth" lies in the details of data. Summary scores are useful for many purposes but to really understand what is going on with individuals, clearly a desirable outcome in cases where service providers benefit from such clarity, it is necessary to look beyond the means. In the present case such an approach reveals a group of women who are less happy than a group of women of comparable circumstances whose daughters have not been abused but who are supporting their children financially, practically, and emotionally.

While traditional therapies may be helpful, especially for those few mothers in the deeper ranges of depression, detail analysis such as that presented here makes clear that assistance of a more practical nature would be very much in order as well.

Table 4

SCORES ON MOTHER SELF-RATING SCALE

		Abuse	Comparison	t value
Current year (Year 2 visit) Excellent = 5 Very Poor = 1	(SD)	3.30 (.94)	3.73 (.76)	- 2.44 *
Previous year (Year 1 visit) Excellent = 5 Very Poor = 1		2.21 (1.10)	3.32 (.89)	- 5.28 **
Mother is feeling Excellent = 5 Very Poor = 1		3.46 (.78)	3.77 (.87)	- 1.78 Φ
Mother thinks she is doing Excellent = 5 Very Poor = 1		3.93 (.68)	3.86 (.76)	.47 ns
Satisfaction with help from family Very satisfied = 5 Very dissatisfied = 1		4.12 (1.08)	3.93 (1.13)	.78 ns

** $p < .001$ * $p < .05$ Φ $p < .10$

Figure 3

MEAN SCORES ON MOTHERS SELF-DESCRIPTIONS

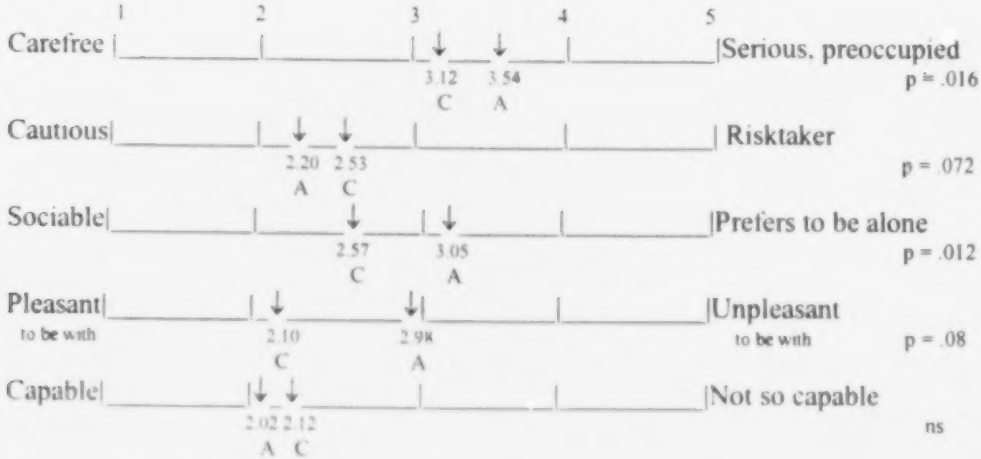

Table 5

SUMMARY OF DAILY LOG ENTRIES

	Weekdays		Weekends (abuse group only)	
	Abuse	Comparison	Saturday Arise 8:00am Tobed 11:30pm Sunday Arise 7:40am Tobed 11:05pm	
Get out of bed	6:02am	6:42am	Weekend hours available = 31	
Leave for work	7:50am	8:23am	Household tasks	5.4 hours
Arrive home	6:20pm	6:00pm	Family time	5.4 hours
To bed	11:32pm	11:12pm	Self time	5.0 hours
			Meals, prep included	5.0 hours
Hours at work	10-1/2	9-1/2	TV time	4.1 hours
Hours watch TV	1.8	1.4	Child-related tasks	3.1 hours
Hours of sleep	6-1/2	7-1/2	Church	3.0 hours